

105 CMR 130.000 is amended by adding the following new sections

130.1001 Definitions

As used in 105 CMR 130.1001 through 130.1008 the following definitions shall apply:

“Advisory committee,” means a committee composed of, but not limited to the Department’s director of infectious disease; a consumer to be selected by the commissioner; a technical expert to be selected by the commissioner; and a representative from the Massachusetts Nurses Association, the New England Association of Occupational and Environmental Medicine, the Massachusetts Medical Society and the Massachusetts Hospital Association.

“Commissioner” means the Commissioner of the Massachusetts Department of Public Health.

“Department” means the Massachusetts Department of Public Health.

“Engineering or work practice controls” mean controls such as, but not limited to, sharps disposal containers, needleless systems, and sharps with engineered injury protection, that isolate or remove the bloodborne pathogens hazard from the workplace.

“Exposure Control Plan” means a plan that includes an effective procedure for identifying and selecting existing sharps injury prevention technology.

“Hospital” means any hospital licensed by the Department pursuant to M.G.L. c.111, § 51.

“Sharp” means any object that can penetrate the skin or any part of the body, and result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes and exposed ends of dental wires.

“Sharps injury log” means a log to be kept within acute and non-acute hospitals that records information concerning exposure incidents, including but not limited to, the type and brand of device involved in the incident.

“Sharps injury prevention technology” means devices or other technology that minimizes the risk of injury to health care workers from hypodermic syringes, needles or other sharps.

130.1002 Minimizing Risk of Injury

Every hospital shall:

- (A) Ensure the provision of services to individuals through the use of safe needle devices or other technology that minimizes the risk of injury to health care workers from hypodermic syringes, needles, and sharps; and
- (B) Except as provided in 105 CMR 130.1005, use only such devices which minimize the risk of injury to health care workers from needlesticks and sharps.

#### 130.1003 Written Exposure Control Plans

Hospitals shall develop written exposure control plans that include an effective procedure for identifying and selecting existing sharps injury prevention technology consistent with the federal regulations concerning occupational exposure to bloodborne pathogens, 29 CFR 1910.1030 and the Occupational Safety & Health Administration's (OSHA) Directives CPL 2-2.44D – Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens (November 5, 1999). Written exposure control plans shall be updated when necessary to reflect progress in sharps injury prevention technology as determined by the Department.

#### 130.1004 Engineering or Work Practice Controls

Hospitals shall include sharps injury prevention technology as engineering or work practice controls to isolate or remove the bloodborne pathogens hazard from the workplace consistent with the federal regulations concerning occupational exposure to bloodborne pathogens, 29 CFR 1910.1030 and the Occupational Safety & Health Administration's (OSHA) Directives CPL 2-2.44D – Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens (November 5, 1999).

#### 130.1005 Exemption from the Inclusion of Sharps Injury Prevention Technology

- (A) Sharps injury prevention technology may be excluded as engineering or work practice controls in cases where the hospital or other appropriate party can demonstrate circumstances in which the technology does not promote employee or patient safety or interferes with a medical procedure.
- (B) Where sharps injury prevention technology is not utilized, the hospital shall specify those circumstances, which shall include but not be limited to, situations where the technology is medically contraindicated or not more effective than alternative measures used by the ~~employer-~~ hospital to prevent exposure incidents. |
- (C) In all cases the Department shall make the final determination as to whether an ~~employer-~~ hospital or other appropriate party has demonstrated in a satisfactory manner those circumstances which warrant an exemption from the inclusion of sharps injury prevention technology. |

130.1006      Sharps Injury Log

- (A) Information concerning exposure incidents shall be recorded in a sharps injury log that includes, but is not limited to, the type and brand of device involved in the incident;
- (B) Sharps injury logs shall be kept within the hospital and shall be used as the basis for continuing quality improvement in reducing sharps injuries through the provision of education and the procurement of improved products; and,
- (C) Sharps injury logs shall be kept confidential.

130.1007      Reporting

Every licensed acute and non-acute care hospital shall report annually to the Department information from its sharps injury logs and such other information as the Department may require concerning exposure incidents. The Department shall supply each reporting hospital with guidelines indicating the specific data elements to be submitted.

130.1008      Advisory Committee

The Department shall convene an advisory committee composed of, but not limited to the Department's director of infectious disease; a consumer to be selected by the commissioner; a technical expert to be selected by the commissioner; and a representative from the Massachusetts Nurses Association, the New England Association of Occupational and Environmental Medicine, the Massachusetts Medical Society and the Massachusetts Hospital Association.

130.1009      List of Needleless Systems

The Department, in consultation with the advisory committee, shall compile, maintain and periodically update a list of needleless systems, with engineered injury protections meeting the purposes set forth in M.G.L. c. 111, § 53D. The list shall be available as a resource to assist hospitals in complying with these regulations.